## State of Hawaii – Insurance Division

## NOTICE OF TERMINATION OF APPOINTMENT

## Please terminate my/our appointment with:

Full and exact name as shown on Certificate of Authority or License:		
Trade Name (dba) if applicable:		
Certificate of Authority	Vendor ID Number <sup>3</sup> :	
or License Number <sup>3</sup> :		
1Effective date of appointment termination:		
<sup>1</sup> Effective date of appointment termination:		
This appointment is being terminated $\square$ with cause $\square$ without cause.		
If "with cause " please explain (attach sheet if pecessary):		
If "with cause," please explain (attach sheet, if necessary):		
TERMINATING DARTY		
TERMINATING PARTY: Full and exact name as shown on Certificate of Authority or License:		
Tall and exact hame as shown on confinence of Authority of Electrise.		
Trade Name (dba) if applicable:		
Cortificate of Authority	M	
Certificate of Authority or License Number <sup>3</sup> :	Vendor ID Number <sup>3</sup> :	
Signature of Terminating Party <sup>2</sup>	Print name of signer	

## Incomplete forms will be rejected.

HAWAII INSURANCE DIVISION, ATTN: Licensing Branch, P. O. Box 3614, Honolulu HI 96811-3614 (Express mail only: 335 Merchant Street – Room 213, Honolulu HI 96813)

FOR STATE USE ONLY			
FORM T (Rev. 1/12/05)	Licensing Clerk	Appt Termination Date	

<sup>&</sup>lt;sup>1</sup>Refer to the Hawaii Revised Statutes §431:9A-115.

<sup>&</sup>lt;sup>2</sup>If Terminating Party is: (a) a licensed individual then the individual must sign; (b) a licensed agency then a Designated Representative must sign; or (c) an authorized insurer then it is the insurer's responsibility that an authorized individual sign on their behalf.

<sup>&</sup>lt;sup>3</sup> You can look up this information on our website, http://www.ehawaiigov.org/serv/hils.